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Other: <hr/> <hr/> <hr/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Ron Jacobs		
DATE	2/1/06	REGISTRATION NUMBER	50,142

CERTIFICATE OF TRANSMISSION/MAILING

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PRINTED NAME	Sylvia Lee
DATE	2/1/06

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/713,565

Docket No.: S02-296/US

Filing Date: 11/13/2003

Art Unit: 1651

Applicants: Fishman *et al.*

Examiner: Allison M. Ford

Title: Artificial Synapse Chip

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Date

Sylvia -
Signature

SYLVIA -
Type or print name of person signing

Reply under 37 CFR 1.111

Assistant Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

This reply is in response to an Office Action dated 01/26/2006. With this reply, the Applicant has included the status of claims 1-38 and presents a complete listing of all claims.